

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38158

State File No.

1003

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ Registrar's No. **10322**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 2 wks		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 5873 Loran 2170					
3. NAME OF DECEASED (Type or Print) a. (First) Lovken		b. (Middle) Richard		c. (Last) DeVign			
4. DATE OF DEATH (Month) (Day) (Year) 11/24/55		5. SEX M		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 11/20/1893		9. AGE (In years last birthday) 62			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) computer		10b. KIND OF BUSINESS OR INDUSTRY Am. Nat. Rd. Cross		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Jacqueline DeVigne		13b. MOTHER'S MAIDEN NAME Mary Victoria Furley			
14. NAME OF HUSBAND OR WIFE Emma		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. DeVigne		ADDRESS 5873 Loran					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma to brain ANTECEDENT CAUSES DUE TO (b) Cylindroma (malignant tumor) (Cylindroma) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 month 4 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1937					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Aug 15, 1955 , to 11/24/55 , 19____, that I last saw the deceased alive on 11/24/55 , 19____ and that death occurred at 2 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Count T. Rowe MD		(Degree or title)		23b. ADDRESS 3720 Washburn			
23c. DATE SIGNED 11/25/55		24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 11/28/55			
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo					
DATE REC'D BY LOCAL REG. NOV 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Howard			
ADDRESS 1619 So. Grand		(Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Elmo R. Padua

Licensed Embalmer No. *407*

P. O. Address *St. Joe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falsely to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.